FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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-	hours per response.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Svennilson Peter					2. Issuer Name and Ticker or Trading Symbol RAPT Therapeutics, Inc. [RAPT]					(Ch	eck all applic X Directo	cable) or	Person(s) to Is	Owner	
(Last) (First) (Middle) 1700 OWENS STREET SUITE 500				06	3. Date of Earliest Transaction (Month/Day/Year) 06/18/2020						below)		below		
(Street) SAN FRANCI			94158 (Zip)	4.	If Ame	ndment, I	Date	of Original Fil	ed (Month/D	ay/Year)	Line	e) <mark>X</mark> Form f	iled by One R	illing (Check <i>A</i> Reporting Pers than One Rep	on
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Code (Ins	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Beneficia	es Form ally (D) of Following (I) (II	i. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s) and 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Code (ransaction of ode (Instr. Derivative		ve ies ed ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$28.27	06/18/2020		A		22,500		(1)	06/17/2030	Common Stock	22,500	\$0.00	22,500	D ⁽²⁾	

Explanation of Responses:

1. The Option shall vest in a series of three successive equal annual installments over the three-year period measured from the date of grant, subject to the Reporting Person's continuous service through each applicable vesting date.

2. The Reporting Person is a managing partner of The Column Group II GP, LP, Ponoi Management, LLC and Ponoi II Management, LLC which are the general partners of The Column Group II, LP ("TCG II LP"), Ponoi Capital, LP ("Ponoi LP") and Ponoi Capital II, LP ("Ponoi II LP"), respectively. Under the partnership agreements of TCG II LP, Ponoi LP and Ponoi II LP (collectively, the "Funds"), the Reporting Person is deemed to hold the Option for the economic benefit of the Funds. The Funds and their respective general partners may be deemed indirect beneficial owners of the Option and the Reporting Person may be deemed the indirect beneficial owner of the Option through his indirect interest in the Funds. The Reporting Person disclaims beneficial ownership of the Option except to the extent of his pecuniary interest

Remarks:

/s/ Jennifer J. Carlson, Attorney-in-Fact

06/19/2020

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.